

FACTORS ASSOCIATED WITH INDUCED ABORTION AMONG WOMEN IN HOHOE, GHANA

**INTERNATIONAL CONFERENCE ON
FAMILY PLANNING:
RESEARCH AND BEST PRACTICES**

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Outline



Preamble

Objectives

Methods

Results & Discussion

Knowledge contribution



Preamble...1

- ❖ Each year, of the hundreds of thousands of women who become pregnant without wanting to, some opt for unsafe abortions at the peril of their lives
- ❖ To accelerate progress towards achieving MDG 5 there must be substantial reduction in unsafe abortion alongside an increased FP uptake



Preamble...2

- ❖ Ghana's total fertility rate has declined steadily since 1990; 5.2₁₉₉₃, 4.4₁₉₉₈, 4.4₂₀₀₃, 4.0₂₀₀₈
- ❖ Decreases in TFR are expected to be matched by increases in CPR but this hasn't happened all the time in Ghana; 10%₁₉₉₃, 13%₁₉₉₈, 19%₂₀₀₃ and 17%₂₀₀₈ (modern methods)



Preamble...3

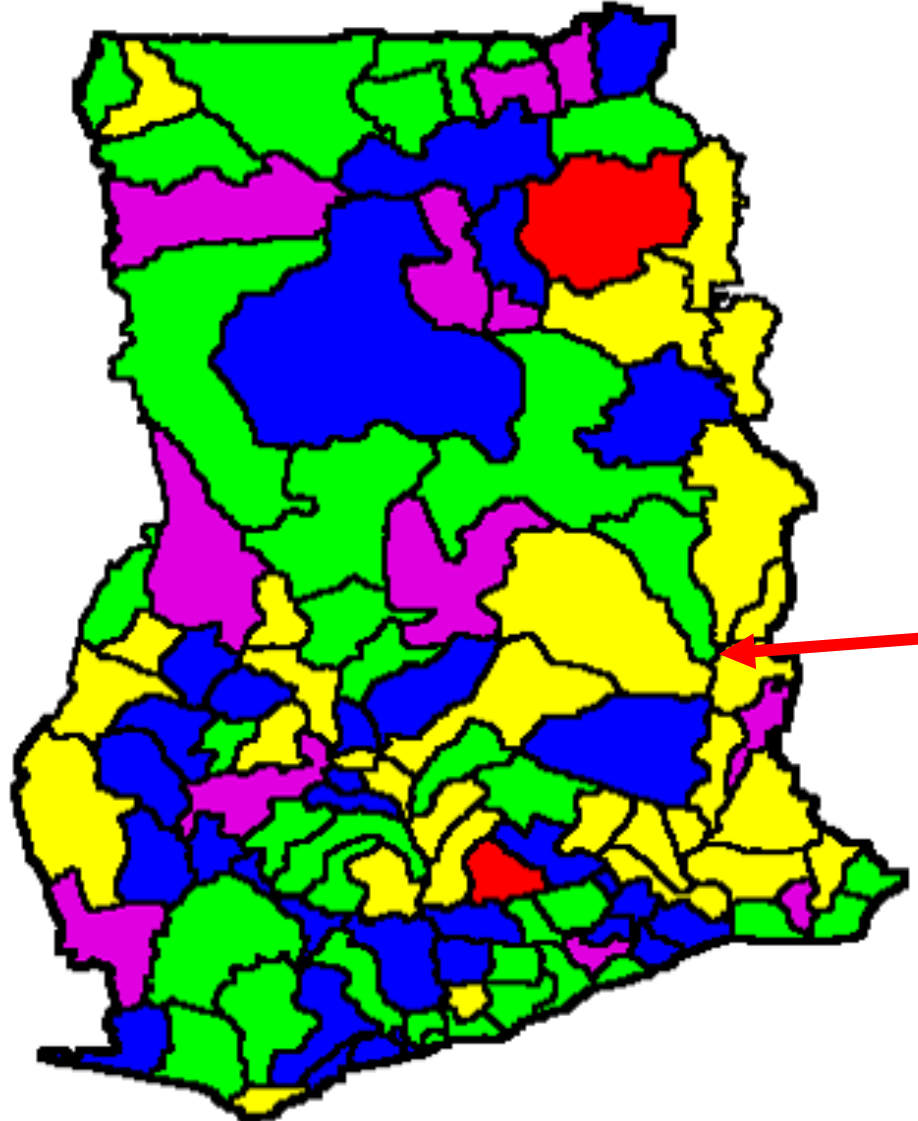
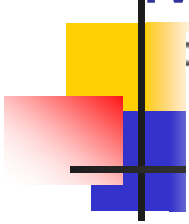
- ❖ Though abortion is legal in Ghana, women still obtain unsafe abortions due to lack of knowledge at the provider and population levels
- ❖ Over the period 2000-2004, unsafe abortion was the leading cause of maternal deaths at Tamale Teaching Hospital, Ghana



Preamble...4

- ❖ Volta region accounted for 18% of national burden of abortions in 2006
- ❖ Hohoe district recorded 326 abortions; 64% were self-induced
- ❖ Post abortion complications were the second leading cause of admissions to the Hospital

MAP OF GHANA showing study district



Hohoe



Preamble...5

- Hohoe is one of 18 districts in Volta region
- Projected population of 171345 with growth rate of 1.9% in 152 communities
- CPR is 24% for all methods
- Evidence required to inform interventions designed to reduce the burden of unsafe abortions



Objectives

- To describe the factors associated with induced abortion in women in Hohoe
- Prevalence, reasons for abortion and socio-demographic variables.



Methods

- Cross-sectional household survey
- Study sample; women aged 15-49 years
- Sample size = 408
- Multi-stage random sampling
- July-October, 2008
- Epi Info ver 6 (CDC, Atlanta)



Demographic data

Variables	
Age (mean age)	29.9 years
Marital status (married)	58.8%
Religion (Christian)	93%
Residence (peri-urban)	64.5%
Employment (self-employed)	70.4%
Level of education (basic education)	65.4%



Abortion prevalence

Ever had an induced abortion	21.3%
Of the number who had had an abortion	47.1% were married
Age group most likely to have had an abortion	30-34 years (32%) 20-29 years (80%)
At least secondary school education	36.7%
Peri-urban	75.9%
Knew of others who had had an abortion	52.9%
Employment was associated with history of abortion (p-value = 0.016)	

Age was significantly associated with history of induced abortion (p-value= 0.002) but neither education or place of residence were statistically significant.



Reasons for abortion

PERSONAL REASONS:	
Not to disrupt education or job	35.8%
Too young to have children	28.4%
Couldn't cater for a baby	14.7%
REASONS WHY FRIENDS HAD ABORTIONS:	
Not to disrupt education or job	31.1%
Couldn't cater for a baby	19.1%
Partner rejected pregnancy	18.8%

52.9% knew others who had had an abortion



Other reasons

- Want to postpone childbearing (4.2%)
- Last child was too young (3.2%)
- Don't want anymore children (1.1%)



Providers and venues which women used for abortion

Medical doctor	65.5%
Partners/friends	31%
Others (nurse, TBA)	3.5%
VENUE:	
Hospital/clinic	60.9%
Home	29.9%
Private maternity home	5.7%
Others (herbalist)	3.5%



“Instruments of abortion”

Hospital instruments (Sharps)	50.6%
Herbs/concoctions	31.1%
Orthodox medicine	10.3%
Suction apparatus	8.0%



Contribution

- Arguments exist over the current mismatch between Ghana's fertility rate and contraceptive prevalence; abortion is blamed
- The desire to delay, space and end childbirth are reasons giving for having an abortion suggesting unmet need for FP
- There is the need to match findings from contraceptive and abortion studies to develop strategies to address both



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